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## Fax Cover Sheet

Date: 19 Dec 2005 From: Celia Chang To: Barbara L. Lences Application/Control Number: 10/621,698 Art Unit: 1625 Phone No.: 571-272-0679 Fax No.: 732-274-4533 Voice No.: 732-274-4678 **Return Fax No.:** 571-273-8300 CC: Re: **Per Your Request For Comment For Reply Urgent For Review** Comments: Initialed 1449

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Substitute for form 1449/PTO  INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)  Sheet  I of I Attorney Docket Number  U.S. PATENT DOCUMENTS  Examiner Initials*  Office Number  Foreign Patent Document  Kind Code (If Known)  Office Number  Kind Code (If Known)  Kind Code (If Known)  Kind Code (If Known)  Office Number  Kind Code (If Known)  Kind Code (If Known)  Office Number  Kind Code (If Known)  Office Number  Kind Code (If Known)  Kind Code (If Known)  Office Number  Kind Code (If Known)  Kind Code (If Known)  Office Number  Kind Code (If Known)  Kind Code (If Known)  Name of Patentee or Applicant of Cited Document MM-DD-YYYY  Pages, Columns, Lines, Where Relevant Figures Appear  T  T  OTHER PRIOR ART — NON PATENT LITERATURE DOCUMENTS  Examiner Initials*  No.  OTHER PRIOR ART — NON PATENT LITERATURE DOCUMENTS  Icelude name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, cange, etc.) date, page(0), volume-issue number(s).  publisher, city and/or country where published.	· 												
INFORMATION DISCLOSURE STATEMENT BY APPLICANT  (use as many sheets as necessary)  Sheet  I of I Attorney Docket Number  U.S. PATENT DOCUMENTS  Examiner Initials*  U.S. Patent Document No. (If Known)  I. 5567711  George S. Sheppard et al. 10-22-1996  FOREIGN PATENT DOCUMENTS  Foreign Patent Document No. Office Number Kind Code (If Known)  Figures Appear  T T  Cite Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), uitle of the item (book, magazine, journal, serial, symposium, caalog, etc.) date, page(6), volume-issue number(6), publisher, city nod/or counter when the page(6), volume-issue number(6).	Substitu	Substitute for form 1449/PTO						Complete if Known					
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